



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services
255 Rockville Pike, 2nd Floor
Rockville, Maryland 20850
240-777-3986 Fax 240-777-3088

PUBLIC SWIMMING POOL OPERATING PERMIT APPLICATION

Application is hereby made for a license to operate a Public Swimming Pool in Montgomery County, Maryland

New ☐

Renewal ☐

TODAY'S DATE _____

(Please Print)

Name of Pool: _____

Pool Address: _____
Street Number and Street Name

City State Zip Code

Pool Phone: _____
include area code

Name of Owner: _____

Mailing Address: _____
(for use on license, renewal application, and compliance inspection sheets)

City State Zip Code

Owner Phone: _____
include area code

Pool Management Company (if applicable): _____

Opening Date: _____ Closing Date: _____ Other: _____

Days and Hours of Operation: _____

Type of Pool(s) : (Check all that apply)

	Number of Pools				
<input type="checkbox"/> Inside Main Pool	①	②	③	④	⑤
<input type="checkbox"/> Outside Main Pool	①	②	③	④	⑤
<input type="checkbox"/> Training Pool	①	②	③	④	⑤
<input type="checkbox"/> Diving Pool	①	②	③	④	⑤
<input type="checkbox"/> Whirlpool	①	②	③	④	⑤
<input type="checkbox"/> Wading Pool	①	②	③	④	⑤

Signature: _____ Title: _____

Fee Information: *Please refer to Swimming Pool Operating Permit Fact Sheet*

Submit completed application and application fee to Licensure and Regulatory Services, 255 Rockville Pike, 2nd Floor, Rockville, Maryland 20850 - Payment must be made by check or money order payable to "Montgomery County, Maryland". ***We are unable to accept cash payments.***

OFFICE USE ONLY

Receipt Number: _____

Amount Paid: _____

Check/Money Order Number: _____

Date Issued: _____

Date Expires: _____

Record Number: _____